The Role of the Specialist Mental Health Midwife

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Background

- 2002 Role of the Mental Health Support Midwife established at the Rotunda Hospital.

- First of its kind in Ireland, working alongside perinatal psychiatrist.

- Identified need to support women with perinatal mental health issues.

- Public health issue - public health model.

- Introduction of early screening for postnatal depression.

- Triage, assessment, education and support to women and staff.
Specialist Mental Health Midwife

• The Specialist Mental Health Midwife is an expert midwife and local champion who leads work with the maternity services to ensure that women with perinatal mental health issues and their families receive the specialist care and support they need during pregnancy and in the postnatal period.

• Raise awareness of perinatal mental health issues and organise early identification and treatment.

• Specialist Mental Health Midwives can provide expert advice to colleagues and to women and their families, and act as a resource on issues relating to the identification, assessment and management of mental health problems during pregnancy or after birth.
Responsibilities

• Work with colleagues to ensure that there is routine screening and early identification of women experiencing or at risk of perinatal mental, starting at the booking visit.

• Early intervention by Specialist Mental Health Midwife targeted to high-risk group, but offered to all women.

• Normalising the possibility of PND through the use of the Edinburgh Postnatal Depression Scale (EPDS) on all patients prior to discharge. This is used in conjunction with a discussion on the symptoms, prevention and early identification of PND and information on where help is available. Early follow-up offered to those at risk.

• Liaison with appropriate agencies that can provide service for at risk women i.e. Social Work Department, GPs, PHNs, CMHS, Postnatal Support Groups, Preparing for Life (Social support can help to prevent or alleviate depression).
The Role of Specialist Mental Health Midwives
Education and Training

• Educate women on risks of perinatal mental issues, benefits of early intervention.
• Resource for all staff involved in maternity care (including Obstetricians, Midwives, Student Midwives and Maternity Support Workers).
• Presentation to NCHDs twice yearly.
• Education and training to OPD/CMT/private and semi-private clinics, postnatal wards.
• Teaching sessions to undergraduate student midwives (TCD).
• Peer support.
• Yearly perinatal mental health study day with NMH, CWIUH.
• Contribute to infant mental health network (Finglas)/Pavee Point/PND working group.
• RCSI hospital group.
Advice

• Providing midwives and other clinicians with information and advice.

• Providing women with up to date evidence based information, psychoeducation.

• Telephone support – women.

• Other professionals within MDT.

• GPs, PHNs, primary care.
Champions

• Maternal mental health is everyone’s business.

• Increasing awareness of perinatal mental health issues.

• Reducing stigma.

• Advocating, communicating, negotiating and representing women’s needs to the multidisciplinary team and to ensure women get the specialist mental health care they need.

• Liaise with other services.
Point of Contact

• Visible.

• Liaise with MDT/obstetricians/midwives/GPs/PHNs.

• Coordinate care through improved communication.

• Improving awareness and understanding.

• Supporting midwives to care for women with perinatal mental health issues.

• Consult with perinatal psychiatrist.
Quality Improvement

• Leadership in fostering and assuring quality in service.

• Ensuring perinatal mental health policies, procedures and practice are in line with national policies and evidence based practice.

• Weekly CPD.

• Audit: EPDS screening compliance; evaluation of service; compliance of antenatal screening for depression and anxiety at the booking visit; mental health documentation in obstetric chart; MHSM attenders/perinatal psychiatry attenders/DNA’s; psychotropic medication in pregnancy.

• Rotunda annual clinical report.
Integrated Care

• Improve the quality, consistency and coordination of care.

• Effective communication with other agencies to ensure high quality coordinated support.

• Liaise with community mental health services to ensure clear pathways of care for women to access timely and appropriate support.

• Weekly MDT – referral to perinatal psychiatry.
Specialist Support

- Advocate for the individual woman.
- Provide direct support and expert advice to women, in addition to standard midwifery care.
- Accessibility.
- Telephone support.
- Triage.
- Specialist clinic – Health Promotion Clinic 5 days per week. Stress management/relaxation techniques/birth trauma/non-directive counselling/support.
- Liaise with primary care.
- Further referral to other agencies if required.
Rotunda Perinatal Mental Health Service

- Professor John Sheehan – 2 clinics per week.

- 1.5 WTE Specialist Mental Health Midwives (2.0 WTE needed!)

- SpR

- Medical Social Worker
Accessibility

• Visible.

• Woman can **self-refer** to the Specialist Mental Health service from booking up to 6 months post delivery, we will contact women and offer an appointment within 2 weeks of referral.

• Referrals from midwives/obstetricians – referral form.

• Referrals from GPs/PHNs – directly.

• Refer directly to perinatal psychiatrist if required.
Example 1

- Woman books at 12-14 weeks gestation.
- History of depression +/- medication.
- Referred to Specialist Mental Health Midwife or can self refer.
- Seen by Specialist Mental Health Midwife within 2 weeks.
- Weekly MDT meeting +/- referral to perinatal psychiatrist (if required).
- Follow up with Specialist Mental Health Midwife (booking up to 6 months post delivery).
Example 2

- Postnatal referral by Public Health Nurse

- Specialist Mental Health Midwife will review within 2 weeks (before if urgent)

- +/- referral to Prof. Sheehan

- Continue to see up to 6 months post delivery

- If > 6 months post delivery refer to GP/CMHS/postnatal support group etc.
Numbers (2016)

- Health promotion clinic (>600)
- Ward reviews >1800
- Approximately 100 referrals received per month.
- Phone calls
A day in the life...

• 07.00 - 08.00 Emails/voicemails/referrals

• 08.00 - 10.00 Ward rounds – review new/follow up patients

• 10.00 - 13.00 Health Promotion Clinic

• 13.00 - 14.00 Lunch/phone calls/ward reviews

• 14.00 - 16.00 Health Promotion Clinic
Getting here...
Minimum Standards (MMHA, 2013).

- Specialist knowledge and experience in maternal and infant mental health developed through training and practice.
- Additional qualification in mental health or counselling qualification.
- Special interest in mental health.
- Evidence of delivering high quality teaching to staff groups.
- Evidence of multiagency working.
- Excellent clinical record.
- Proven leadership skills.
- Evidence of ability to influence and motivate others.
Any questions?